

HOMELESSNESS, MENTAL ILLNESS & JUSTICE-INVOLVEMENT

According to Corporation for Supportive Housing (CSH), **one-third of those who are homeless experience a mental illness**, and **two-thirds report substance use disorders**.

- The impact of homeless on Californians with behavioral health challenges, justice involvement, or both is significant, estimated at **one-third of California**.
- **About half** of those experiencing homelessness **report a history of incarceration**.
- Homeless parolees and probationers are **seven times more likely to recidivate**.
- In California, medical costs make up the largest share of costs for those who experience homelessness. **Each homeless person costs** Medi-Cal over \$21,500 per year and those with substance use disorders average \$60,000. For those who are chronically homeless, this number can rise to over \$100,000.
- While the percentage of those experiencing **chronic homelessness** has decreased by 10% in the United States from 2013 – 2016, in California homelessness has **increased by 13%**.

California has the highest rate of chronic homelessness in the country at 36 percent, with 21 percent of the national homeless population, of which a fifth are individuals with mental illness

HOMELESSNESS & HEALTH ISSUES

Those experiencing chronic homelessness in California have high mortality rates, dying, on average, 25 - 30 years earlier than their housed counterparts

- **Behavioral health issues** such as depression or alcoholism often **develop or are made worse** in such difficult situations, especially if there is no solution in sight.
- **Common conditions** such as high blood pressure, diabetes, and asthma **become worse** because there is no safe place to store medications or treatments properly.
- **Maintaining a healthy diet is difficult** in soup kitchens and shelters as the meals are usually high in salt, sugars, and that lack nutritional value.

- **Injuries** that result from violence or accidents **do not heal properly** because cleanliness and sanitation is difficult, and getting proper rest and recuperation isn't possible on the street or in shelters.
- **Minor issues** such as cuts or common colds easily **develop into large problems** such as infections or pneumonia.

Conditions among people who are homeless are frequently co-occurring, with a complex mix of severe physical, psychiatric, substance use, and social problems. High stress, unhealthy and dangerous environments, and an inability to control food intake often result in visits to emergency rooms and hospitalization which worsens overall health.

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STRATEGIES TO TACKLE HOMELESSNESS

- **Housing First:** Under Housing First, those experiencing homelessness **should be connected to permanent housing as soon as possible** and barriers to accessing housing should be removed.
 - Opportunities for Housing First initiatives must not exclude people based on justice status, explicitly or implicitly.
 - Four standard Housing First models include:
 - Emergency Shelter: short-term (ideally less than 30 days)
 - Rapid Rehousing: medium-term (no limit on stay)
 - Transitional Housing: medium-term (limited stay)
 - Permanent Supportive Housing: long-term (no limit on stay)
 - Residential Treatment: treatment model (length of stay depends on need)
 - **SB 1380:** Requires all State housing programs to **adopt “core components” of Housing First**, which are: low barrier access to housing, voluntary services tailored to tenant needs rather than tailored to the program, and lease protections for tenants.
- **Ensure people exiting incarceration are eligible and have access to housing.**
 - The use of the definition “chronic homelessness” could exclude individuals returning home. The inclusion of “at risk” of chronic homelessness should be included in Housing and Community Development programs and initiatives.
 - HUD will require local **homeless Continuum of Care (CoCs)** planning bodies to have **Coordinated Entry Systems (CES)** by January 2018. CES is intended to be a more collaborative, comprehensive approach to working with those who are in need of housing. Justice involvement should be prioritized as a risk factor in CESs.
- **Combat NIMBYism**, “Not in My Back Yard”: the resistance of unwanted development in one’s locality.
 - Strengthen state-level efforts to combat NIMBY community responses for housing for individuals with behavioral health needs and/or individuals who have been formerly incarcerated. Explore if and how the Housing Accountability Act will aid in enforcing the development of appropriate housing for special needs populations who may be experiencing discrimination.
- **Housing Rights: Educate the Public Housing Authority and Californians**
 - Arrest records cannot be the basis for denying admission, terminating assistance or evicting tenants.
 - Support Californians in knowing their rights to housing and filing grievances when they are denied.
- **Housing and service providers could further explore opportunities to expand group housing options as an alternative to single family units.** Group housing not only could be more accessible and affordable but might be a better fit for individuals with behavioral health challenges.

“There is a need for safe and affordable housing in a very expensive housing market with little vacancy.”

Survey Respondent, Provider

